



# Application for Retired Member Change of Beneficiary and/or Retirement Option

State Form 49518 (R2/8-00)  
Approved by the State Board of Accounts 2000

Indiana State Teachers' Retirement Fund  
150 West Market Street, Suite 300  
Indianapolis, IN 46204-2809  
Telephone: (317) 232-3860 / (888) 286-3544  
Home Page: <http://www.in.gov/trf>

## PRIVACY NOTICE

Your Social Security number is requested by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory; this form will not be processed without this information.

## PART 1: RETIRED MEMBER INFORMATION

|  |   |                           |
|--|---|---------------------------|
| 1. Name of retired member ( <i>first, middle, last</i> )             | 2. TRF Number                                       | 3. Social Security number |
| 4. Full Address ( <i>street or P.O. Box, city, state, ZIP code</i> ) | 5. Area code and telephone number<br>(     )     -  | 6. Date of birth          |
|  | 7. Is this a new address? <input type="radio"/> YES |                           |

## PART 2: REELECTION OF BENEFITS

Please be sure to mark your selection "Yes" or "No" for the A-4 option (*Social Security integration*) if you are under age 62. **If "Yes", you must enclose a copy of your Social Security Estimate.**

|   |  |
|---|--|
| <input type="checkbox"/> 8. A-1 Regular form of retirement ( <i>five year certain and life</i> ).<br>With A-4 <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> 11. B-1 100% Survivorship<br>With A-4 <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| <input type="checkbox"/> 9. A-2 Straight life without a guaranteed period.<br>With A-4 <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> 12. B-2 66 2/3% Survivorship<br>With A-4 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 10. A-3 Modified cash refund annuity ( <i>not available for those who have already taken a total distribution of their Annuity Savings Account</i> ).<br>With A-4 <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 13. B-3 50% Survivorship<br>With A-4 <input type="checkbox"/> Yes <input type="checkbox"/> No     |

IF YOU HAVE SELECTED ANY OF THE "B" OPTIONS, YOU MUST DESIGNATE A CO-SURVIVOR IN THE SPACE THAT FOLLOWS AND PROVIDE A COPY OF THE CO-SURVIVOR'S BIRTH CERTIFICATE.

|  |  |                            |
|--|--|----------------------------|
| 14. Name of Co-Survivor  | 15. Date of Birth                                    | 16. Social Security number |
| 17. Full Address ( <i>street or P.O. Box, City, State, Zip</i> ) | 18. TRF number ( <i>if co-survivor is a member</i> ) | 19. Relationship           |

IF YOU WANT LUMP SUM PAYMENT WHICH MIGHT BE DUE AT YOUR DEATH TO GO TO SPECIFIC BENEFICIARIES RATHER THAN TO YOUR ESTATE, PLEASE SELECT BENEFICIARIES BELOW.

|   |                        |   |                        |
|---|------------------------|---|------------------------|
| 20. Name of beneficiary<br><input type="checkbox"/> Primary<br><input type="checkbox"/> Secondary | Social Security Number | 23. Name of beneficiary<br><input type="checkbox"/> Primary<br><input type="checkbox"/> Secondary | Social Security Number |
| Full Address ( <i>street or P.O. Box, city, state, ZIP code</i> )                                 | Date of Birth          | Full Address ( <i>street or P.O. Box, city, state, ZIP code</i> )                                 | Date of Birth          |
|   | Relationship           |   | Relationship           |
| 21. Name of beneficiary<br><input type="checkbox"/> Primary<br><input type="checkbox"/> Secondary | Social Security Number | 24. Name of beneficiary<br><input type="checkbox"/> Primary<br><input type="checkbox"/> Secondary | Social Security Number |
| Full Address ( <i>street or P.O. Box, city, state, ZIP code</i> )                                 | Date of Birth          | Full Address ( <i>street or P.O. Box, city, state, ZIP code</i> )                                 | Date of Birth          |
|   | Relationship           |   | Relationship           |
| 22. Name of beneficiary<br><input type="checkbox"/> Primary<br><input type="checkbox"/> Secondary | Social Security Number | 25. Name of beneficiary<br><input type="checkbox"/> Primary<br><input type="checkbox"/> Secondary | Social Security Number |
| Full Address ( <i>street or P.O. Box, city, state, ZIP code</i> )                                 | Date of Birth          | Full Address ( <i>street or P.O. Box, city, state, ZIP code</i> )                                 | Date of Birth          |
|   | Relationship           |   | Relationship           |

### PART 3: NOTARIZATION

I swear that I am the above named applicant; that I have personally prepared the foregoing application; and that I have carefully read the questions and answers thereto and understand the same; that each answer is full, complete and true; no material fact has been concealed or omitted therefrom; and that said answers are made for presentation to the Board of Trustees of the Indiana State Teachers' Retirement Fund in making claim for a retirement benefit that may be payable to me under Indiana Code, section 5-10.2 and Indiana Code, section 21-6.1. I hereby revoke all beneficiaries and/or retirement options previously selected by me, and hereby select the above beneficiary designations and/or retirement option. I have furnished all necessary documentation (marriage license, death certificate of first spouse, and birth certificate of new beneficiary) as required. I understand that any modifications in either my retirement option or beneficiary designation may result in a significant change in my monthly benefit.

|  |                                   |
|--|-----------------------------------|
| Date Signed ( <i>month day, year</i> )   | Printed name of retired member    |
| 26. Retired Member's Full Address ( <i>street or P.O. Box, city, state, ZIP code</i> ) | 27. Signature of retired member   |
| 28. Signature of Notary Public   | 29. Printed name of Notary Public |
| 30. Notary Public's County of Residence  | 31. Commission Expiration Date    |

Please mail as soon as possible to: **Indiana State Teachers' Retirement Fund**  
**150 West Market Street, Suite 300**  
**Indianapolis, IN 46204-2809**